

PART B - FEE(S) TRANSMITTAL

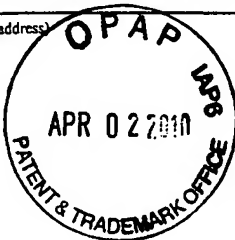
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25889 7590 01/15/2010

COLLARD & ROE, P.C.
 1077 NORTHERN BOULEVARD
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Kelly Espitia	(Depositor's name)
Kelly Espitia	(Signature)
3-31-2010	(Date)

04/02/2010 CCR002 00000073 10533709

01 FC:1501 1510.00 DP
 02 FC:1504 300.00 DP
 03 FC:6001 18.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/533,709	05/03/2005	Said Mansouri	MANSOURI, S. - 1 PCT	9628

TITLE OF INVENTION: ANESTHETIC SYRINGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$755 \$1510.-	\$300	\$0	\$1855 \$1810.-	04/15/2010
EXAMINER	ART UNIT	CLASS-SUBCLASS				
MEHTA, BHISMA	3767	604-187000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Collard & Roe, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SMJM Inject GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Aachen, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 6 (Six) = \$18.-

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- ☒ A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2468 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Edward J. Callaghan

Date

March 31, 2010

Typed or printed name

Registration No.

46,594

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